



## Provider Credentialing Manager Planning Analyst IV

### TENNCARE OVERVIEW

TennCare is Tennessee's managed care Medicaid program that provides health insurance coverage to certain groups of low-income individuals such as pregnant women, children, caretaker relatives of young children, older adults, and adults with physical disabilities. TennCare provides coverage for approximately 1.3 million Tennesseans and operates with an annual budget of approximately \$12 billion. It is run by the Division of TennCare with oversight and some funding from the Centers for Medicare and Medicaid Services (CMS).

### WHY WORK AT TENNCARE?

TennCare's mission is to improve the lives of Tennesseans by providing high-quality cost-effective care. To fulfill that purpose, we equip each employee for active participation and empower teams to communicate and work collaboratively to improve organizational processes in order to make a difference in the lives of our members. Because of the positive impact TennCare has on the lives of the most vulnerable Tennesseans, TennCare employees report that their work provides them with a sense of meaning, purpose, and accomplishment. TennCare leadership understands that employees are our most valuable resource and ensures professional and leadership development are a priority for the agency.

### JOB AND DEPARTMENTAL OVERVIEW

Operationally, the Provider Services Division works closely with existing healthcare providers as well as healthcare providers seeking to newly enroll with TennCare. The Provider Services Division is responsible for screening, enrollment, monitoring, reporting, and activities designed to minimize duplicate provider registration processes. Additionally, the Provider Services Division works closely with the TennCare Managed Care Contractors (MCC) ensuring the MCC is aware of providers eligible to be credentialed and contracted by TennCare MCCs. TennCare is seeking to implement a centralized credentialing solution to minimize the burden on providers that contract with multiple MCCs. The **Provider Credentialing Manager** position will be a key member and leader on the Provider Services management team reporting directly to the Assistant Director of Provider Services.

The Provider Credentialing Manager is responsible for the oversight of timely and accurate credentialing of providers seeking to participate in the TennCare program. TennCare credentialing functions will be coordinated with a certified Credentials Verification Organization (CVO) accredited with the National Committee for Quality Assurance (NCQA). This position works as part of a team whose primary function is to oversee credentialing activities in the TennCare Provider Services Division of the Chief Medical Office.

## RESPONSIBILITIES

- **Directly lead and provide primary accountability for the TennCare Credentialing process**
  - Design, outreach, and launch TennCare Credentialing Committee
  - Develop policies and procedures for TennCare Credentialing Committee and lead all Credentialing Committee meetings
  - Coordinate with key TennCare teams and MCCs to ensure efficient and high-quality transfer of necessary information in credentialing process
  - Identify new best practices and opportunities for continued advancement and evolution of a provider-friendly credentialing process
- **Provide exceptional customer service by collaborating effectively with internal and external customers and contacts**
  - Foster professional working relationships with TennCare Credentialing Committee members with strong communication processes
  - Maintain strict confidentiality of provider information at all times
  - Document, maintain, and communicate decisions and high priority information to Credentialing Committee members
  - Work proactively to resolve issues before providers and/or patients are impacted
- **Oversee credentialing compliance with all state and federal regulations and policies**
  - Responsible for oversight/monitoring of all TennCare credentialing activities
  - Ensures that credentialing records comply with requirements of regulatory and accrediting agencies
  - Maintain a working knowledge of NCQA Standards and Guidelines for the Accreditation of Health Plans, CVO policies and procedures
- **Support the Provider Services Division and other Medical Office initiatives to strengthen relationships and improve the TennCare Provider experience**
  - Collaborate on cross-team collaborations in the Provider Services Unit and/or Quality Improvement team to support building high quality provider networks (e.g. TennCare Patient Centered Medical Homes, Medication Assisted Treatment provider quality for opioid use disorder, and/or value-based payment provider initiatives)

## MINIMUM QUALIFICATIONS

- Proficiency in Microsoft Office software including Word, Excel, Access and PowerPoint
- Excellent interpersonal, oral, and written communication skills
- Strong organizational, time management, and analytical skills
- Prior experience leading and managing teams and direct reports

## DESIRABLE QUALIFICATIONS

- 5+ years of credentialing experience
- Experience in healthcare delivery and administration (hospital, physician practice, etc.) or state/federal health agency and policies
- Experience in managed care and/or provider contracting
- Experience in project management

**JOB LOCATION:** Nashville, Tennessee

**HOW TO APPLY:** Qualified candidates should send their resumes along with a cover letter to [Jennifer.M.Fitzgerald@tn.gov](mailto:Jennifer.M.Fitzgerald@tn.gov) by **October 30, 2019**.

***Position Status: Executive Service***

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